

STATE OF NEW HAMPSHIRE NEW HAMPSHIRE BOARD OF NURSING

78 Regional Drive, Bldg B
PO Box 3898

Concord NH 03302-3898

Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

Nursing 603-271-2323

Nurse Asst. 603-271-6282

DIRECTIONS: N.H. NURSE LICENSE BY ENDORSEMENT CANADIAN REGISTERED NURSE

New Hampshire has a mandatory licensing law. No one shall practice nursing in New Hampshire without a current New Hampshire license. New Hampshire may license nurses currently licensed by written examination in another jurisdiction. Qualifications for licensure must be comparable to those of New Hampshire.

To be eligible for endorsement, nurses must have used nursing knowledge, judgment and skills for a minimum of 400 hours within four years immediately prior to the date of this application. Please request a reentry packet if you do not meet this qualification. **If you have previously held a New Hampshire license, please request a reinstatement application.**

Applicants for license by endorsement shall complete within two years immediately prior to application, 30 contact hours of workshops, conferences, lectures or inservice educational offerings that enhance nursing knowledge, judgment or skills.

Additionally, Canadian nurses shall:

- _____ Have graduated from an approved nursing education program in Canada.
- _____ Have written the English version of the State Board Test Pool Examination in Canada between the years 1939 and 1970 or the English version of the Canadian Nurses' Association Testing Service 5-part examination between the years of 1970 and 1980 and received a minimum passing score of 350 in each of the following areas: medical nursing, surgical nursing, pediatric nursing, maternity nursing, and psychiatric nursing; or have written the English version of the Canadian Nurses' Association Testing Service Comprehensive Examination since the year 1980, and received a minimum passing score of 400. ***Canadian Nurses who took the Canadian Exam August 1, 1995 or later, can not endorse to New Hampshire because a numerical score is not available for verification from the Canadian province. You may request an application for NCLEX.***
- _____ Have been licensed by the province where the examination was taken.

Nurses licensed by waiver in another jurisdiction are ineligible for a New Hampshire license. Nurses licensed by a United States examination must submit copies of educational program and course descriptions or document 200 hours active-in-nursing practice within two (2) years immediately prior to this application.

DIRECTIONS:

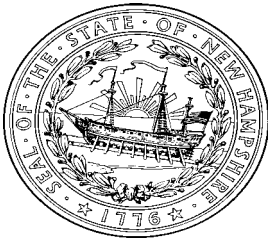
- _____ Complete application, sign and date.
- _____ Include with application a check for \$70.00 made payable to "Treasurer, State of New Hampshire", and pursuant to Nur 302.03 (c)(3) a copy of your current nursing license.
- _____ Complete Section I of verification form and forward to the original province of licensure with the appropriate fee. Check with that province for accurate fee.

Applicants for **temporary license** must appear at the Board office, 78 Regional Drive, Concord, N.H. Monday through Friday between the hours of 9:00 a.m. and 3:00 p.m. The temporary license will not be issued upon appearance but will be mailed. Please bring to the Board:

- _____ Current license from another jurisdiction. Copies are not acceptable.
- _____ Photo identification.
- _____ \$20.00 fee

FEES ARE NOT REFUNDABLE

APPLICATIONS NOT COMPLETED WILL BE PURGED 180 DAYS FROM FILING DATE



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For Office Use Only:

FEE: \$ _____
REC'D: _____
CK/MO: _____
_____/_____/_____
TL.#. Issued Expire
Reg.# _____
Issue Date: _____

Nursing 603-271-2323

Nurse Asst. 603-271-6282

APPLICATION: N.H. NURSE LICENSE BY ENDORSEMENT: REGISTERED NURSE - CANADIAN

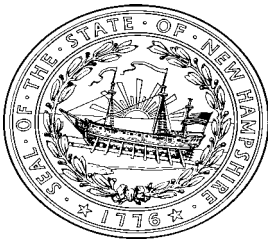
1. Name: _____
(Last) (First) (Middle) (Maiden) (Other Names Used)
2. Mailing Address: _____
(Street Number) (City) (County) (State) (Zip)
3. Telephone: () _____ Social Security #: _____/_____/_____
(Optional) (Month) (Day) (Year)
4. Nursing Program Name: _____
Address: _____ Graduation Date: ____/____/_____
(Street Number) (City) (State/Country) (Zip) (Month) (Day) (Year)
- Type of Program: Diploma () Associate Degree () Baccalaureate () Master's () Doctor of Nursing ()
5. Original License: State/Province _____ Year _____ License No. _____
Current License: State/Province: _____ License No. _____ Expiration Date ____/____/_____
All other state licensure RN () or LPN () _____
(Select One)
6. I have used nursing knowledge, judgment and skills for a minimum of 400 hours within four years immediately prior to the date of this application. Yes () No ()
Please explain if "No" _____
7. Date of current or last employment in nursing as R.N.: ____/____/_____
as L.P.N.: ____/____/_____
Name and address of employer: _____
(Name) (Address)
8. I have completed 30 contact hours of continuing education within two years immediately prior to this application date. Yes () No ()
9. Have you ever:
a. had any disciplinary action against a nursing or nursing assistance license such as denied, reprimanded, suspended, revoked or probated, or surrendered, educational or practice stipulations, or fines, or a current pending investigation regarding your nursing/nursing assistance practice? *Yes () No ()
b. been impaired by or diverted any chemical substance; *Yes () No ()
c. been convicted of a felony or any criminal act, not including traffic offenses? *Yes () No ()
10. Are you mentally and physically competent to practice nursing? Yes () *No ()
***If "yes" to 9.a, b, c or "no" to 10, please attach a letter of explanation.**
- Please include my name and address on a New Hampshire computerized list of nurses that may be made available for purchase. Yes () No ()

UNDER PENALTY OF PERJURY, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension, revocation, of a license (RSA 326-B:12) and may be grounds for conviction of a misdemeanor (RSA 641:3).

Full Signature

_____/_____/_____
Date of Application

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REQUEST FOR VERIFICATION OF ORIGINAL LICENSE

SECTION I: Complete Section I and forward to the state where you were first licensed. Check with the original state as to any fee that may be required.

Name: _____
(Last) (First) (Middle) (Maiden) (Other names used.)

Address: _____
(Street) (City) (State/Country/Province) (Zip)

Nursing Education Program: _____ Address: _____

Original license number: _____ R.N. () L.P.N. () Date Issued: _____

I hereby authorize the _____ Board of Nursing to provide the New Hampshire Board of Nursing the information requested in Section II.

Date: _____ Signature: _____

ORIGINAL LICENSING AGENCY ONLY

Section II:

The above applicant has applied for a license to practice as a registered nurse () practical nurse (). Please provide the following information and return directly to the New Hampshire Board of Nursing.

_____ was issued R.N. () L.P.N. () license # _____
(Name)

on _____ Nursing Educational Program: _____
(Date)

Location: _____ Approved: Yes () No () _____
(City) (State/Country/Province) Date of Graduation

Method of Licensure: Waiver _____ Endorsement _____ Examination _____ Examination Date: _____

SBTPE _____ NCLEX _____ CNATSCE (ENGLISH) _____ BOARD CONSTRUCTED _____

SBTPE/CNATSCE	REGISTERED NURSE					P.N.	R.N.	P.N.	R.N. COMP
	Med. Nsg.	Psych. Nsg.	Obstet. Nsg.	Surg. Nsg.	Nsg. of Child	Comp. Exam.	NCLEX	NCLEX	CNATSCE

Standard Scores: _____
Series/Form # _____

If Board Constructed Examination, please list results on reverse side.
Status of license: _____

Has this license ever been reprimanded, revoked, suspended, surrendered, probated, limited, denied, disciplined, stipulated, adjudicated or fined? YES () NO ()

If "Yes", please provide certified copies of the Board's order and other relevant documents.

Verification to other boards: _____ Signed: _____
(Indicate States/Jurisdictions)

Title: _____

SEAL

State: _____ Date: _____

**WANT MORE
INFORMATION?**

- ♦ Contact the Division of State Police at (603) 271-2538 or visit the web site at www.state.nh.us/nhsp/
- ♦ Contact the Board of Nursing at (603) 271-2323, (603) 271-6282, or visit the web site at www.state.nh.us/nursing/



IMPORTANT!

**Don't risk a delay in getting
your license issued or
renewed!**

Start the process early!

**Your license will not be
issued or renewed until your
current Criminal
Convictions Record has been
received and reviewed by the
Board of Nursing!**

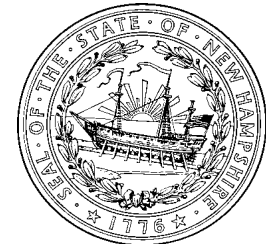
**You may not work without
an active license!**

***THERE ARE NO
EXCEPTIONS!***

IT'S THE LAW!

**Mandatory Criminal
Background Checks for
Nurses and Nursing
Assistants**

An Informational Brochure



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Board of Nursing**

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www.state.nh.us/nursing**



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

New Hampshire Board of Nursing

NAME OF PERSON / FIRM TO RECEIVE RECORD _____

ADDRESS 78 Regional Dr. Bldg B, Concord NH 03301
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD DATE _____

NOTE: A \$10.00 fee is required for each request - make checks payable to: State of NH – Criminal Records



CRIMINAL BACKGROUND CHECKS: IT'S THE LAW!

The next time you renew your license to practice as a RN, LPN, or LNA, the process will be slightly different. In July 2003, the State of New Hampshire enacted a law requiring that all licensees who apply to the Board of Nursing for a license must send in a Criminal Convictions Report from the Division of Police. This is how the process will work:

1. You will receive a Criminal Record Release Authorization Form along with your license renewal or reinstatement application.
2. Complete the information requested on the Criminal Record Release Authorization Form and have the form notarized by a Notary Public. **DO NOT SIGN THE FORM UNTIL YOU ARE MEETING WITH THE NOTARY PUBLIC.**
3. Send the completed, notarized Criminal Record Release Authorization Form along with a check or money order for \$10.00 to the NH Division of State Police at 10 Hazen Drive, Concord, NH 03305.
4. The Division of State Police will send your Criminal Convictions Report directly to the Board of Nursing. Your report must be dated no more than 45 days before your license is issued.
5. Send your application for license renewal or reinstatement along with the correct license fee to the Board of Nursing.
6. Your license will not be issued until the Board of Nursing has received and reviewed your Criminal Convictions Report sent to us by the State Police. ***PLAN AHEAD!***

REMEMBER!

- ◆ This law applies to all applicants for *all types of licenses, including temporary, initial, renewal and reinstatement licenses.*
- ◆ This law applies to *RNs, LPNs, and LNAs.*
- ◆ Your license cannot be processed until the Board of Nursing has received and reviewed your Criminal Convictions Report. The Board of Nursing will only review Criminal Record Checks that are dated within 45 days of licensure. The report will be retained in the Board of Nursing office for 45 days following the date it was issued by the Division of State Police.
- ◆ Don't delay the process of renewing your license. The Board of Nursing cannot process your application without your Criminal Convictions Report. You cannot work as an ARNP, RN, LPN, or LNA without an active, valid license.
- ◆ **THERE ARE NO EXCEPTIONS! IT'S THE LAW!**

QUESTIONS?

How can I get my release form notarized?

- ◆ Notary publics are available in many banks and offices. There may be a notary public who works in your place of employment. There will be a notary public available in the Board office. **DO NOT** sign the form until you are meeting with the notary public.

Can I bring the Criminal Record Release Authorization Form directly to the Division of State Police?

- ◆ You may hand carry your Criminal Record Release Authorization directly to the Division of State Police. However, the Criminal Convictions Report must be sent directly from the Division of Police to the Board of Nursing office.

How many weeks before I renew my license can I start this process?

- ◆ Your Criminal Convictions Report will be retained in the Board of Nursing for 45 days from the date it is issued by the Division of State Police. Your report must be dated no more than 45 days before the date of your license renewal.

How long will this process take?

- ◆ The State Police office will process these requests as quickly as possible. However, plan ahead! Your license will not be issued until your Criminal Convictions Report has been reviewed.

If I already have a Criminal Convictions Report that I obtained for another purpose, can I use that report instead of applying for a new one?

- ◆ No, the Board of Nursing will only review reports that have been generated by the Division of State Police and sent to the Board of Nursing within the past 45 days. The report must be sent to the Board of Nursing office directly by the Division of State Police.

CRIMINAL BACKGROUND

CHECKS

IT'S THE LAW!

Senate Bill 94 requires that every applicant for a license to practice as a RN, LPN, or LNA in the state of New Hampshire must submit to the Board of Nursing a current criminal conviction record check.

Beginning January 1, 2004, every new applicant and every renewal or reinstatement applicant for licensure by the Board of Nursing must send a notarized criminal conviction record release authorization form to the Division of State Police. These forms will be sent with all renewals, or are available at the Board of Nursing office, or on the web site, www.state.nh.us/nursing. The Division of State Police will send the Criminal Convictions Report to the Board of Nursing. The Board of Nursing must review the Criminal Convictions Record prior to issuing a license.

YOU MUST

- ◆ Have the Criminal Record Release Authorization Form notarized
- ◆ Mail the Criminal Record Release Authorization Form along with a check for \$10.00 payable to NHSP-CRIMINAL RECORDS to the Division of State Police, 10 Hazen Drive, Concord, NH 03305
- ◆ Mail your license application and appropriate fee to the New Hampshire Board of Nursing

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